AFTER

2 MAMENDMENT

DEP.

IND.

## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AS FILED AFTER AFTER 1"AMENDMENT 2 <sup>™</sup> AMENDMENT AS FILED 1"AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 7. .71 24. TOTAL IND. TOTAL IND. TOTAL DEP

TOTAL DEP

TOTAL CLAIMS

TOTAL CLAIMS